THE
TRAINING SCHOOL BULLETIN

FEBRUARY, 1934

Mortality Among the Mentally Deficient

During a Twenty-Five Year Period

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Although mental deficiency has been a topic of general interest for many years there is still much to be learned regarding the physical welfare of those afflicted with this handicap. The term *mental deficiency* refers to a state of mind obtaining in a heterogeneous group of persons having in common an inferior type of (arrested) mental development which hinders them in their economic and social relations. There are reasons to believe that these mentally deficient individuals have certain other mutual defects. For example, it has been noticed that they tend to range below the normal standards in height and weight; they are more subject than average persons to physical stigmata; they have a decidedly limited resistance to many diseases and infections.

Such findings along with others, have led to a renewed interest on the part of many in the physical aspects of the mentally deficient. To this end various clinical studies have been undertaken in the fields of morbidity and mortality. There are some phases of this work which are still unexplored. Nevertheless, the gradual accumulation of facts should, in time, bring about a better understanding of this entire subject.

The following data relating to deaths among the population of a single institution cover a period of twenty-five consecutive years and are worthy of presentation not only because of their unique character in dealing with a definite, selected group but also because the findings in regard to this group are in turn comparable with similar material relating to the general popu-

Acknowledgement is hereby extended to the following for their cooperation in this work: Edgar A. Doll and Myra W. Kuenzel, Training School, Vineland, N. J.; I. C. Plummer, Ohio Dir. Vital Statistics, Columbus; Gladys Yeither, secretary, Columbus.

lation. The material does not seem to warrant an intricate statistical study—only essential facts are given. The causes of death do not follow the International List since these data go back many years, but the subject matter is none-the-less, understandable.

Through diligent effort it was possible to collect the reports on 1273 deaths at Columbus, Ohio, Institution for Feebleminded, covering the period from 1901 to 1925, inclusive. The figures as presented in Table I reveal the average annual enrollment for succeeding years and the number of deaths for each year together with the calculated death rate per 1000 of inmates. The latter is compared with the death rate in the general population throughout Ohio. The institution together with its farm colony was, during this 25-year period, the only one of its kind in the entire state so that all individuals committed to a state school because of mental deficiency were sent there. The death rate for the institution population, although quite variable from year to year, does show a general trend toward recession in more recent years as compared with the early part of the century. The average or mean death rate for the twenty-five years is 32.2 per 1000 of inmate population. This death rate for the institutionalized mentally deficient is more than twice that of the general population in Ohio. Even in the peak year of 1918, during the influenza epidemic, the death rate for the general population in the state was below the lowest figure of any period for the institution population.

Figure I* indicates the percentage distribution according to the age of patients at the time of death. Below 5 years of age and beyond 60 the calculations are somewhat misleading since the groups are so small. Approximately 70% of the deaths occurred between the ages of 10 and 30 years (the period of greatest incidence being between 15 and 20 years). This corresponds closely with the period of life for the general population in which the percentage of deaths is lowest, namely, 15% in this 20-year period. This discrepancy is of the utmost significance in so far as it indicates not only the relatively short life expectancy for the feebleminded as a class but also inasmuch as it reveals that mental deficiency is so correlated with constitutional make-up that, on the whole, these individuals are physically exhausted at the very time when the normal population are in their prime.

* See Page 195.

TABLE I

COMPARISON OF ENROLLMENT, DEATHS, AND RATE OF DEATHS BY YEARS

Year	Population of Inst.			Deaths at Inst.			Death Rate per M	
	Boys	Girls	Total	Boys	Girls	Total	Inmate	In Ohio
1901	560	384	944	28	7	35	37.07	
1902	(Records Destroyed)			13	23	36		
1903	541	389	930	16	23	39	41.93	
1904	562	422	984	17	9	26	26.42	
1905	601	460	1061	51	21	72	67.85	
1906	735	587	1322	43	15	58	43.87	
1907	704	587	1291	33	22	55	42.60	
1908	712	583	1295	34	15	49	37.83	
1909	744	642	1386	14	15	29	20.92	
1910	767	654	1421	19	19	38	26.74	*13.7
1911	776	678	1454	20	17	37	25.44	13.1
1912	833	728	1561	37	28	65	41.64	13.3
1913	911	810	1721	25	15	40	23.24	13.8
1914	981	868	1849	33	18	51	27.57	12.9
1915	1024	887	1911	29	25	54	28.25	12.9
1916	1035	1015	2050	37	30	67	32.68	14.4
1917	1074	1075	2149	26	34	60	27.91	14.8
1918	1089	1084	2173	69	39	108	49.70	17.8
1919	1182	1191	2373	24	24	48	20.22	12.7
1920	1205	1210	2415	29	36	65	26.91	12.7
1921	1306	1256	2562	52	21	73	28.49	11.3
1922	1353	1261	2614	51	28	79	30.22	11.3
1923	1430	1277	2707	52	21	73	26.96	12.3
1924	1445	1399	2844	34	21	55	19.33	11.2
1925	1444	1556	3000	39	25	64	21.33	11.6

* Ohio Div. Vital Statistics Organized in 1910.

From a peak at the 15-20 year period the deaths fall away rapidly during the next 45 years, none occurring in the institution beyond the age of 75.

A comparison of the percentile distribution in the mentally deficient group with the normal is shown in Figure II*. In the former group the curve rises rapidly so that the 80th percentile is reached at approximately the thirtieth life-year while at this age deaths among the general population attain only the 17th percentile, arriving at the 80th percentile at about the 73rd year. So again in a slightly different way is visualized the relatively short life expectancy of the mentally deficient; what is not evident in this chart is the fact that as a class the lowest grade children (those farthest from the normal) seem to die earliest.

The relation of pathogenesis to mortality is set forth in Table II showing the relative frequency of death from various disease conditions. These figures corroborate the findings of others in this field to the effect that tuberculosis is by far the most frequent cause of death. As presented here it is a factor in 540 (42.5%) deaths out of the total of 1273; pneumonia ranks second with 165 (13.0%) deaths while cardio-vascular diseases come third with 119 (9.4%) deaths. The position of epilepsy (7.9%) in fourth place may seem a bit low but it must be remembered that the more pronounced cases of convulsive phenomena with mental defect are cared for in a separate colony. In some reports epilepsy is ranked as high as second in frequency as a cause of death among the feebleminded.

In the Columbus institution, tuberculosis, pneumonia, cardio-vascular diseases and epilepsy were responsible for more than 72% of the total deaths during the 25-year period. This percentage correlates fairly well with the figures collected by the U. S. Bureau of Statistics (year 1922) including institutions throughout the country. One finds that in the U. S. tables tuberculosis ranks first, pneumonia second and epilepsy third, heart diseases fourth; tuberculosis takes only about 21.5%; the first four diseases account for 64% of the deaths.

The death rate for the more common diseases at the Columbus institution is so much higher than that of the state as a whole that a comparison of the two is scarcely expedient.

Observation reveals that the great majority of cases are admitted to the Columbus institution before the twentieth life

* See Page 195.

TABLE II

NUMBER AND PERCENTAGE OF THOSE DYING FROM VARIOUS DISEASES IN THE 25-YEAR PERIOD

Cause of Death	Total		Boys		Girls		In U. S. 1922 ‡	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Tuberculosis	540	42.5	280	36.6	260	51.0	284	21.5
Pneumonia	165	13.0	115	15.0	50	9.8	234	17.3
Cardio-vasc.	119	9.4	83	10.9	36	7.1	123	9.1
Convulsions	100	7.9	54	7.1	46	9.7	220	16.4
Gastro-int.	59	4.6	42	5.5	17	3.3	109	8.1
Infections *	59	4.6	42	5.5	17	3.3		
Nervous System	35	2.7	23	3.0	12	2.3	49	3.6
Cerebral Hemor.	26	2.0	20	2.6	6	1.2		
Exanthemata	24	1.9	13	1.7	11	2.2		
Typhoid	24	1.9	18	2.3	6	1.2		
Kidney Disease	22	1.7	13	1.7	9	1.8		
Influenza	21	1.6	13	1.7	8	1.6	61	4.5
Accidental	19	1.5	17	2.1	2	0.4	20	1.4
Cancer	16	1.3	10	1.3	6	1.2		
Anemia	13	1.0	7	0.9	6	1.2		
Paralysis	8	0.6	5	0.7	3	0.6		
Cirrhosis (liver)	4	0.3	0	0	4	0.8		
Senility	3	0.2	1	0.1	2	0.4		
Miscellaneous †	16	1.3	9	1.3	7	1.4		
TOTAL	1273	100.0	765	100.0	508	100.0	1100	81.9

* Includes erysipelas, peritonitis, septicaemia, cellulitis, abscess, carbuncle, pyemia and adenitis.

† Includes hyperthyroidism, asthma, Hodgkin's disease, rickets, heat prostration, croup and syphilis.

‡ Comparison of figures collected by U. S. Bureau of Statistics. Part of a total list of 1347 deaths occurring in all state schools for the feebleminded in the year 1922.

year. With this fact in mind one can better comprehend the significance of Table III in which an attempt has been made to indicate the effect of years spent in the institution on the cause of death. Deaths are listed by 5-year periods except that the first year of residence is separated from the succeeding four because of the large number of deaths occurring in this one year. During the first year, 27 per cent of the deaths resulted from tuberculosis. During the next 4 years 45 per cent of the deaths were the result of tuberculosis, although the actual frequency per year diminished (52 deaths first year, 144 deaths in next 4 years.) Consequently the relative reduction in tuberculosis deaths per year is obvious. Throughout the entire first 5-year period of residence 38 per cent of the deaths were due to tuberculosis while during the succeeding 5-year period 47 percent of the deaths were attributable to this disease. The incidence did not again fall below 40 percent in any of the periods, yet it is evident that continued institutionalization beyond 10 years did not increase the percentage of deaths from this disease. One can conclude then that although more deaths from tuberculosis occur during the first year of residence than in any other, still in relation to other diseases the percentage of deaths from tuberculosis is lowest in this first year.

Both the absolute and relative number of deaths from pneumonia show a falling off with increasing years of residence in the institution, the first year being by far the most disastrous. Heart diseases, after a rather flourishing start, drop somewhat at the 5-10 year residence period only to rise gradually with increasing years to about three times the lowest percentage. The gastro-intestinal disturbances show only moderate fluctuations while the others present no very significant tendencies at all.

The above data can readily be considered in parallel with Table IV where chronological age is used as a basis of classification rather than years of residence. For those under the age of 5 years and again in the older cases, the groups are too small to be of value. The total deaths for each age-group follow closely the relative proportion for that age in the institution population. In the lower part of the chart are placed the three most frequent causes of death for each age group. The supremacy of tuberculosis is evident, with pneumonia second up to approximately the twenty-fifth year, after which heart diseases re-

TABLE III

RELATION BETWEEN CAUSE OF DEATH AND YEARS IN THE INSTITUTION AS TO ORDER OF NUMERICAL FREQUENCY FOR THE MOST COMMON DISEASES

	—1		1—5		5—10		10—15		15—20		20—25		25+	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
T. B.	52	27	144	45	143	47	92	47	49	40	33	46	36	42
Pneumonia	45	24	35	11	35	12	25	13	18	15	5	7	6	7
Heart	21	11	26	8	22	7	19	9	13	11	9	12	17	20
Convulsions	4	2	19	6	29	9.6	17	8.7	11	9	6	8.3	6	7
Gastro Int.	13	7	16	5	15	5	5	3	6	5	2	3	2	2.3
Infections	8	4.2	12	3.8	17	5.4	11	5.7	3	2.5	5	8	3	3.5
TOTALS	193		318		302		197		120		72		85	

TABLE IV

RELATION OF LIFE AGE TO CAUSE OF DEATH

	—5	5—10	10—15	15—20	20—25	25—30	30—35	35—40	40—45	45—50	50—55	55—60	60+
Tuberculosis		23	68	142	106	77	46	27	22	9	11	6	3
Pneumonia	2	19	26	44	27	15	13	9	4	2		2	2
Cardio-vasc.		6	21	19	15	20	8	10	10	5	3		2
Convulsions	2	7	23	28	21	7	8	2	2				
Gastro-Int.	1	6	13	17	8	4	3	2	3	1		1	
Infections		2	8	17	13	8	5	2	2	1			1
Nervous System		5	12	11	2	3	2						
Cerebral Hem.		4	3	4	4	3	3		1	2		1	1
Exanthemata		6	11	1	2	1	3						
Typhoid		2	3	9	3	5	2						
Kidney		2	3	3	7	3		2		1			1
Influenza		3	7	3	5	1	1	1					
Accidental		1	2	8	3		2	1			2		
Cancer				3	2	2	1	1		4	2		1
Anemia			3	5	3	1	1						
Paralysis		1		2	2	2		1					
Cirrhosis							1	2		1			
Senility												1	2
Miscellaneous		6	3	4	1	1	1						
TOTAL	5	93	206	320	224	153	100	60	44	26	18	11	13
Rank: first	Pneu.	Tb.	Tb.	Tb.	Tb.	Tb.	Tb.	Tb.	Tb.	Tb.	Tb.	Tb.	Tb.
second	Conv.	Pneu.	Pneu.	Pneu.	Pneu.	Heart	Pneu.	Heart	Heart	Heart	Heart	Heart	Pneu.	
third			Conv.	Conv.	Conv.	Pneu.		Pneu.	Pneu.	Cancer		Pneu.	

TABLE V

SEQUENCE OF CAUSES OF DEATH IN ORDER OF PERCENTAGE FREQUENCY FOR MENTAL AGE GROUPINGS

Idiots		Imbeciles		Morons	
Cause	%	Cause	%	Cause	%
1. Tuberculosis	45.6	Tuberculosis	44.2	Tuberculosis	53.4
2. Pneumonia	15.9	Pneumonia	18.9	Pneumonia	12.5
3. Heart	9.9	Heart	8.8	Heart	12.5
4. Gastro-Intest.	9.1	Infec.	4.5	Kidney	4.5
5. Epilepsy	4.9	Epilepsy	3.9	Epilepsy	3.4
				Typhoid	3.4

place pneumonia until the sixth decade is reached. Convulsions, although ranking well up during the adolescent and early adult years, cease to exist as a cause of death after the 40-45 year period. On the other hand, conditions more common in later years make their appearance as apoplexy, cirrhosis, cancer and senility.

From the available figures it is calculated that the average age of death for all the male patients is 20.2 years, for the females 20.4 years. These figures are rather startling when it is considered that they scarcely take account of deaths before the fifth year. The average age of death for the general population during this same period is considerably more than twice this expectancy (54 years). It would be difficult to compute the extent to which this inclination toward early death could be attributed to institutionalization; or to a deficiency in physical constitution which is concomitant with the abnormal mental development; or to the fact that feeble-mindedness as such precludes a satisfactory hygienic program with a consequent susceptibility to disease.

It has been suggested at times that the mental level of an individual might reasonably be a factor not only in his life expectancy but also in the type of pathogenesis which eventuates in his death. In Table V is presented the relation between the mental age of the patient and the cause of death. Since the routine procedure of administering mental tests to patients admitted to the institution was not established until the year 1910

such test results are available on only 660 of the patients in this mortality study.

By separating the entire group into three divisions, idiot, imbecile and moron, as in Table V one sees that tuberculosis, pneumonia and heart diseases (in that order) lead in each group. Contrary to a common belief a relatively greater percent of morons (53.4) died from tuberculosis than of idiots (45.6). The fact that gastro-intestinal disorders rank fourth for the idiots, eighth for the imbeciles, not at all for the morons, seems to indicate a direct correlation there between mental level and cause of death. By definition the idiot is quite infantile in his mental attainments, his methods of reaction and his behavior. Now it appears that in a significant number of cases (9.1%) he is also infantile in his peculiar susceptibility to a morbid condition which has a predilection for youngsters. Similarly pneumonia, which is especially prone to attack the very young (or very old), is more common among the lower mental group than among the morons. So, from the various sources, the bulk of material which is being gathered seems more and more to direct our attention to the fact that in the field of mental deficiency there is constantly being presented the direct relation between the degree of mental and physical handicap.

The collecting of a large number of individuals into more or less confined quarters undoubtedly is an influence in these mortality figures, still, from the material offered, it appears that there is *some* relation between the degree of mental defect and the age of death. In other words, the farther one goes down the intellectual scale from the average (normal), the shorter is the life expectancy of the individual. Roughly, the average age of death for the idiots was 18 years, for imbeciles 23 years and for morons 24.3 years. Such figures are not striking but they indicate a tendency. Granting the validity of this hypothesis one might conclude that there is possibly a deviation in physical development which agrees in a broad way with the deviation in mentality. It is of course true that the lower one goes in mental level the less capable is the individual to cope adequately with the environment, so regardless of our efforts to the contrary, natural forces conduce strongly toward the relatively early elimination of that portion of the population which does not attain or closely approach our so-called normal or average intellectual standard.

FIGURE I

PERCENTAGE DISTRIBUTION OF AGE AT DEATH IN THE INSTITUTION
(1273 CASES)

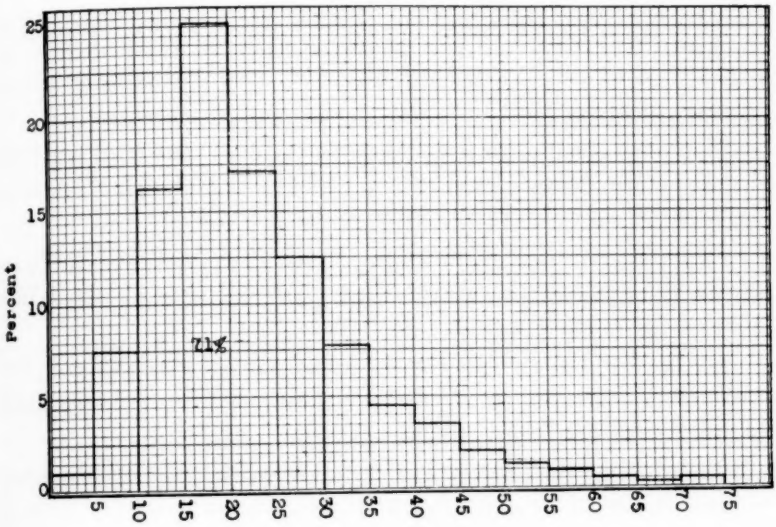
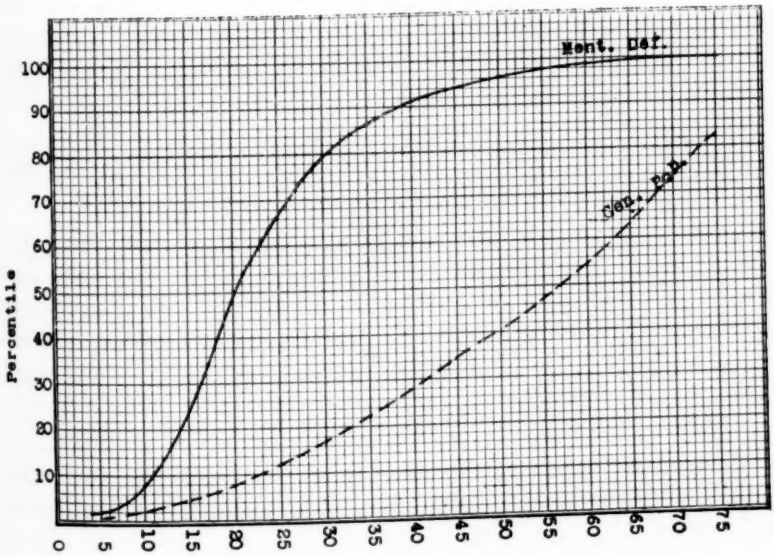


FIGURE II

PERCENTILE DISTRIBUTION OF AGE AT DEATH OF FEEBLEMINDED
AND GENERAL POPULATION



SUMMARY

Observations were made on the deaths of 1273 patients in an Ohio institution for the mentally deficient covering a period of twenty-five years.

The mean death rate for the entire period was 32.2 per 1000 of inmate population. This appears to be easily more than twice the figure for the general population in the state.

Approximately 71 percent of the deaths occurred in those between the ages of ten and thirty. In the general population this is the period of lowest incidence.

Inmate deaths reached the 80 percentile at the thirtieth life year while in the Ohio general population only the 17 percentile was reached at that age (including infant deaths).

Tuberculosis was easily the greatest cause of death among the 1273, accounting for 42.5 percent, pneumonia was second with 13.0 percent; cardio-vascular diseases third with 9.4 percent; epilepsy fourth (7.9 percent).

Far more patients died during the first year of institutionalization than in any subsequent year. That is, of course, in a large measure, due to the fuller ranks of the new admissions than of those of longer residence. The percentage of deaths from tuberculosis jumps upward after the first year while, on the other hand, the pneumonia figures slump.

Tuberculosis ranks first in frequency of deaths for all ages above five years. Pneumonia is second up to about the 25th year, after which heart disease displaces it.

The average age of death for this entire group was 20.3 years, considerably less than half the figure for the state as a whole. Average ages for psychometric test groups were: idiots, 18 years; imbeciles, 23 years; morons, 24.3 years. Thus the trend is toward greater life expectancy as one approaches the average. (Mean age of death for 61 mongoloid cases was 16.8 years.)

Tuberculosis accounted for relatively more deaths in the moron group than in the lower mental levels. On the other hand gastro-intestinal disorders (outside typhoid) was found only in low-grade patients.

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The Village of Happiness*

THE EXTENSION DEPARTMENT
THE COMMITTEE ON PROVISION

Toward the close of 1914 the demands on the Committee on Provision had reached such proportions and were so wide-spread that the creation of a National Committee became imperative. The whole country seemed to be becoming feebleminded-conscious. Clubs and associations of all sorts, especially women's clubs, churches, schools and universities were asking for information, help and guidance. Their common plea was, "Tell us what we can do."

In December of that year the Committee called a conference in New York City to consider the formation of a national organization. Twenty-one people were present, representing five institutions for the feeble-minded, four state departments of public welfare, a state reformatory, a juvenile court, a city board of education, the Eugenics Record Office and various other organizations. The sole object of the conference was to discuss:

First. Do we now possess sufficient information and are our theories sufficiently developed to commence a nation-wide campaign of publicity and promotion for the care of the feebleminded?

Second. Is the general public sufficiently aroused to be in sympathy with the campaign? In other words, have we reached the psychological moment?

Third. If the above questions are answered in the affirmative, how shall the campaign be conducted and who shall conduct it?

The unanimous conclusion was in favor of the two former propositions, with the proviso that there is still much need for further research in many important departments and that noth-

* AUTHOR'S NOTE: I have been living for some months in the Village of Happiness. These stories of its life have been written in its atmosphere. Daily contacts with the children and those in charge have made me feel that I, too, "belong." To be made one of themselves by these children, to be taken in as one who "belongs," is no mean honor.

The attempt to interpret them, their possibilities, their accomplishments, their values, their everyday lives, is a privilege. It is my hope that the stories may contribute to a better understanding of them and bring comfort to the homes where there are children-who-never-grow-up.

—*Joseph P. Byers*

ing done in the way of publicity must be permitted to discourage further research. It was also determined that, at least for the present, the Extension Department of the Training School at Vineland shall continue methods it has begun and in which it has had a reasonable amount of success.

Those present further pledged themselves to sympathetic cooperation and agreed to constitute an Advisory Committee to be called upon either as a committee or as individuals when the Vineland Department feels the need of their help.

A special meeting of the Board of Directors of the Training School at Vineland was called January 23, 1915 at which time the Board approved "a campaign of publicity and education looking to the care of the feeble-minded of the United States" and agreeing "to carry on the campaign providing it can be properly financed." A committee was appointed to draw up a plan.

The Committee reported:

"Before the Extension Department of The Training School at Vineland had been formed as such, work had been done by those now associated with it, in trying to bring about greater public knowledge of the feeble-minded.

"Public school teachers were definitely interested in Indiana in 1896.

"The public schools seemed to offer the most interested point of activity and when special classes for mental deficients were started the need of more knowledge and of trained teachers at once became evident. Our extension really began when we opened the first Summer School for public school teachers in 1904. The students have come from all parts of the country (also from England and Canada). They have formed centers of interest; from or through them has come a steady demand for information and for help in developing the care and training of backward and feeble-minded children.

"When our Department of Research was organized in 1906 it, too, attracted much attention, so that within a year or two the requests for lectures, testings of children and answers to questions compelled us to employ extra help and we tried to respond to the many calls.

"New Jersey naturally felt the impetus before other states and in 1909 the Committee on Provision for the Feeble-Minded and Epileptic was formed, with the Superintendent of the Training School as its Secretary. As a result of the efforts of this Committee, laws were passed making medical inspection of school children compulsory, requiring the establishment of special classes in the public schools, retaining defectives in institutions, providing for sterilization, requiring the registration of feeble-minded, allowing for the parole of certain males and prohibiting the marriage of feeble-minded or insane persons.

"Knowledge of what was being done soon spread. Similar committees were formed in New York and Pennsylvania and from more places came the call for help.

"In 1911 we put a young woman, of our staff, in charge of Extension but the field soon outgrew her efforts. In 1913, through the financial support of Mr. Samuel Fels, Mr. Maurice Ayars and others we were able to secure Alexander Johnson, give him a clerk and a field worker and the department was really launched.

"Much has been done in New Jersey. Two colonies have been formed; one entirely by the citizens of Burlington County. Never before in any state has there been such wide spread interest in, and knowledge of, the feeble-minded. A special Commission was appointed to study the situation and the present Legislature will undoubtedly set them to developing their plans. Our department has taken a leading part in the publicity campaigns in Virginia and North Carolina, where some results have already been obtained and requests have been received within the last few months to promote such movements in Georgia, Arkansas, Missouri, Tennessee and Texas.

"These facts and the recent calls upon the Director to speak in the interest of the feeble-minded in Delaware, Connecticut, Massachusetts, New Hampshire, Ohio, Illinois, Kentucky, Iowa and Wisconsin have led to the conference above mentioned and the appointment of this Committee.

"We believe that The Training School is the best place to carry out a nation-wide campaign for the care of the feeble-minded and in order to do it effectively this department must:

"a. Become a central bureau for the collection of literature, data and statistics concerning feeble-mindedness, distribute this freely whenever needed and keep research students in touch with what others are doing, to avoid duplication of effort.

"b. Help, insofar as possible, in the establishing of institutions and colonies, special classes in the public schools, medico-psychological inspection of children in schools and institutions.

"c. Promote publicity campaigns in states and communities, pushing the propaganda in localities where there is evidence of its need.

"d. Encourage the development of laboratories, study of communities, investigation of family histories and survey of localities.

"e. After a preliminary study of local conditions, use its experience in outlining a practical plan for carrying on whatever work is needed anywhere.

"There are certain principles which we believe may be assumed: viz.,

"1. That the problems of those working with the epileptic and the insane; the criminals and juvenile delinquents; the prostitutes and other sex offenders; the paupers and homeless; the drunkards and drug habitues; the ne'er-do-wells and inefficients would be greatly simplified if those who are feeble-minded were properly segregated.

"2. That the offspring of parents, both of whom are feeble-minded, will be feeble-minded.

"3. That but a small proportion of the feeble-minded needing care and custody are receiving it.

"4. That feeble-mindedness is a condition, not usually the result of disease, and is not curable.

"5. That hereditary feeble-mindedness (about 65% according to the studies made) is transmissible.

"6. That the feeble-minded woman rarely escapes the sexual experiences that too often result in the birth of more defectives.

"7. That the general public must have much more information concerning the problem if the best results are to be obtained.

"We use the term *feeble-minded* in this paper to include only those whose defective mental condition is indubitable and easily recognized by the expert.

"To effectively carry out our program, we recommend that the Department of Extension be organized with the following:

"*1st.* A director and lecturer to take charge of work in the field and handle the campaign on the ground. (We now have Mr. Alexander Johnson doing this.)

"*2nd.* A secretary in charge of the office to direct the gathering and classification of data, plan the details of campaigns, edit the Bulletin and other matter for distribution, provide charts, pictures and exhibits,

make public the results of scientific work from any laboratory, and keep in close touch with the whole movement everywhere.

"*3rd.* A suitable office force. (We have one stenographer.)

"*4th.* Field workers to examine and test children, study families and communities and help local committees to get this properly done. (We have, at present, one field worker.)

"For this there is needed a budget of at least $20,000 a year for ten years and the Committee feels that no further development of the department should be attempted until this is secured.

"We, therefore, further recommend that this Committee be continued with instructions to use every effort to raise this budget."

To R. Bayard Cutting of New York City, a member of the Board of Directors of the Training School, belongs the credit for enlisting the interest and financial support of those who contributed to the work. Largely through his efforts the budget of $20,000 a year for three years was raised.

The middle of 1915 found the enlarged and nationalized Committee on Provision organized and at work. Offices were provided by, and at, The Village of Happiness. The executive direction of the work was placed in the hands of the present writer; Alexander Johnson was continued as field secretary, and Miss Elizabeth S. Kite as field worker. Within a few months the offices of the Committee were removed to Philadelphia and Misses Helen F. Hill and Jane D. Griffith were added to the staff of field workers. The latter were augmented by other experienced and trained workers as the demands on the Committee grew.

(*To be concluded in the March Bulletin*)

The feeble-minded are trained to do their part in the community, are trained to make their contribution to the welfare of the country by practically the same agencies that normal people are trained, that is by the home, by the church and by the school.

META L. ANDERSON

Book Review

ELLIS, WM. J., Chairman. *The Handicapped Child: Report of the Committee on Physically and Mentally Handicapped, White House Conference on Child Health and Protection.* New York, Century Company, 1933. 452 pp.

This report of Committee B, Section IV, of the White House Conference deals with the major types of mental and physical handicaps among children, namely, hearing, vision, crippling, internal conditions (tuberculosis, heart disease, intestinal parasites), mental health and mental deficiency, with a concluding section on vocational adjustment. The material provides an important supplement to the report of the Committee on Special Classes, previously published.

The section on Problems of Mental Deficiency, of which subcommittee E. R. Johnstone was chairman, is of special interest in these pages and provides an interesting parallel to the report of the Mental Deficiency Committee of the British Medical Association.*

The Committee employs the term "mental deficiency" in a broad sense, to include both feeble-mindedness and intellectual subnormality. While recognizing the established meaning of "mental deficiency" as synonymous with "feeble-mindedness," it was felt that an important need would be served if the entire range of intellectual subnormality within which feeble-mindedness is encompassed were treated as a whole. This action, while introducing some confusion, recognizes the recent tendency in some quarters to employ "mental deficiency" in this sense, namely, as a given degree of intellectual subnormality as evidenced by Stanford Binet mental ages and I. Q.'s. With this initial difficulty clearly formulated, the report then proceeds to consider feeble-mindedness and intellectual subnormality in separate categories.

There follows a comprehensive yet succinct consideration of all aspects of these problems in clean-cut fashion. The result is a classical statement of present knowledge, established practice and anticipated developments which constitutes a broad authoritative summary of the problem as a whole as well as in detail.

Vineland, N. J. EDGAR A. DOLL

* Reviewed in this Bulletin, February, 1933.

Educational Department

Alice M. Nash, Principal

Physical Education

Girls' Department:

It is well understood that the real objective of Physical Education for our purposes is to correct wrong and to establish right habits of standing, walking, sitting and breathing and to teach our children how to play games with understanding and pleasure and with the spirit of fair play. These lessons have been duly stressed in our training program and in addition the girls' department has contributed generously to both the general and to the special entertainments which have been given throughout the year. At Christmas time seven drills in the play "Aladdin" and in April an entire evening's entertainment were furnished by this department and in the latter entertainment every girl, numbering sixty-six, reporting to the Physical Education Department participated.

The new arrangement for the Cottage Classes, previously mentioned, included a period when this special group of girls reported to this department and in being privileged to take part in the Teacher's Entertainment they experienced a thrill which quite charmed their audience. I wish that everyone deeply interested in our work could attend a teacher's entertainment and witness the "heart throbs" of little children who are feeling for the first time their real importance.

As the enrollment in our Boys' Department has been overwhelmingly large and in the Girls' Department small, the instructress of the latter department volunteered to assist in the Boys' Department and since January has taken charge of one class of primary grade boys, teaching them folk dancing and other attractive lessons.

Boys' Department:

One hundred and seventy-four different children have reported from three to five times weekly to this department. This

Mrs. Nash presented this year an exceptionally comprehensive and sympathetic report on the educational department. It is too long to be published in one issue of the Bulletin but, from time to time, a section devoted to administration, or manual arts, or kindergarten, etc., will be printed.—Ed.

number includes some twenty-five boys enrolled in the Cottage Classes and of a grade hardly classifying in the school group. From the standpoint of real progress these boys have derived but slight benefits from their attendance to a regular school class, but looking at it from the children's viewpoint every time these boys have marched to Garrison Hall they have felt like "real fellows." In their joy of playing *at* games they have had a right good time and after all, since happiness is the most important thing that we may hope to give these boys, it would be true to say that they have experienced a successful year in training.

With the exception of these twenty-five special boys, we feel that every boy reporting to this department has been physically benefitted by the regular and systematized training received. Marching to command, exercises included in a "Swedish Days Order," Indian club swinging dumb-bell exercises, wand drills, stunts on the horse and pyramid building have been included in the formal training plan of procedure. In addition to these, numerous games and plays of a more recreational nature have been taught with the idea of providing the children with new interests to be used during the long vacation play period, which begins the day after school closes and continues until the opening of school in early September.

School Pets:

The school farm is a most fascinating classroom wherein "self working" materials are to be found in abundance and the content of the daily lesson is frequently as fascinating as a fairy tale. Think of it, a nest full of eggs today, is tomorrow deserted and filled with only empty egg shell, but on the fountain a hundred yards away, fifteen downy ducklings are floating with their heads neatly tucked under wings asleep, resting after their first fatiguing hour on "land and water." Can a more fascinating story be told or project devised than this one? Tommy loves his ducklings and other pets and watches over them quite as a shepherd looks after his sheep. At Easter time two snow white bunnies came to join the "happy school family" and after being duly christened "Peter" and "Marie," they felt right at home with their friendly companions and especially so with Lester who cares for them with a devotion delightful to witness.